

Name  
in  
Full

Evalina Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth- place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Daniel Brown				
Father's Name	Lawallum Wells					Father's Birthplace
Mother's Maiden Name	Maria Bell					Mother's Birthplace
Name of person giving Information	Mrs & Chadr					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

don't know

179

How long

Immediate

don't know

How long

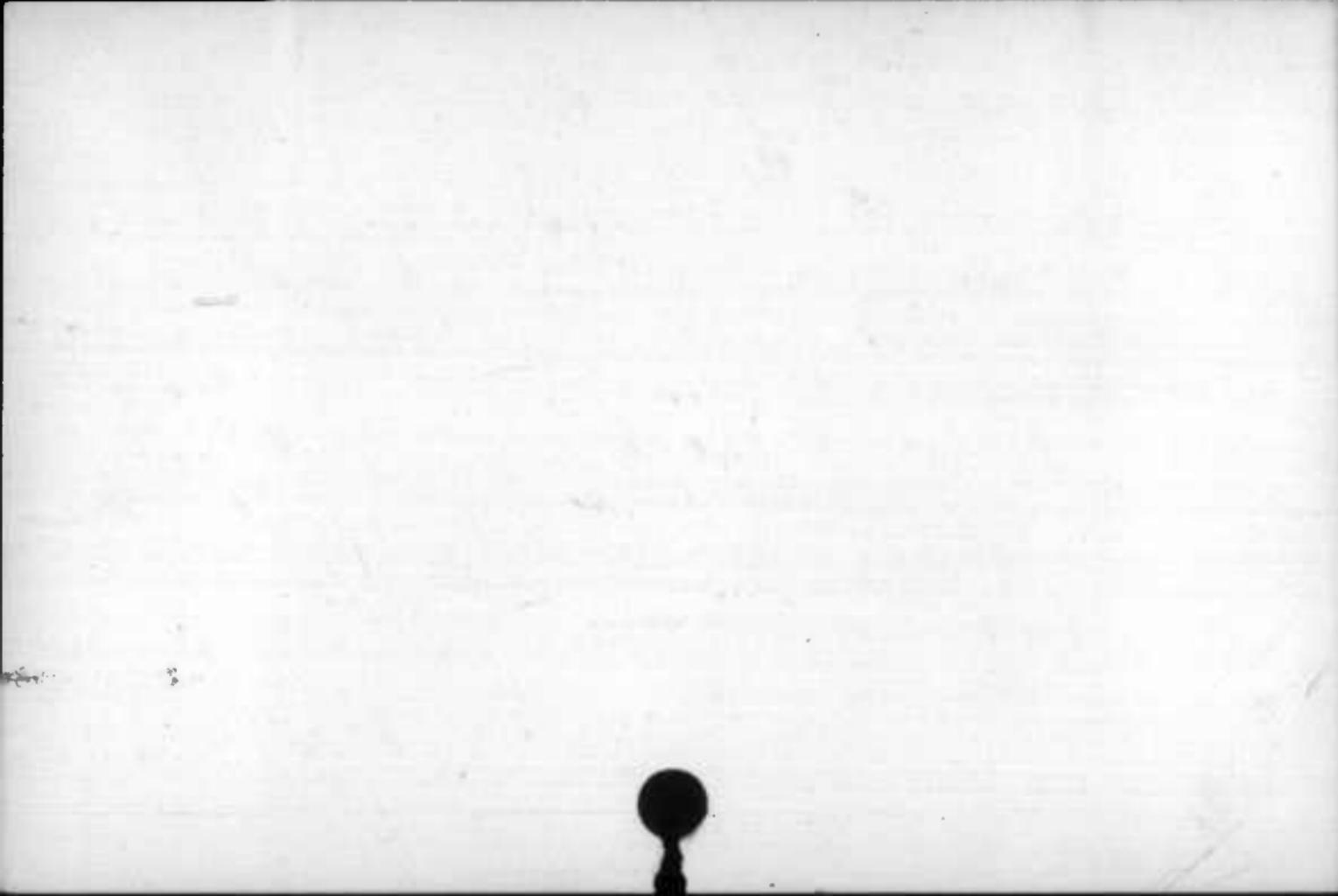
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Ryddon.  
H. J. Simpson  
Suburbia

Accident or Suicide?



Name  
in  
Full

Lucinda Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Pawmunkie Twp-		
Father's Name	Stephence Blair	Father's Birthplace	Ches. Co. Md.	
Mother's Maiden Name	Sarah Blair	Mother's Birthplace	Ches Co. Md	
Name of person giving information	Eliza Harewood	How related to deceased	Grandson	

CAUSES OF DEATH

93

How long

1 week

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yc.

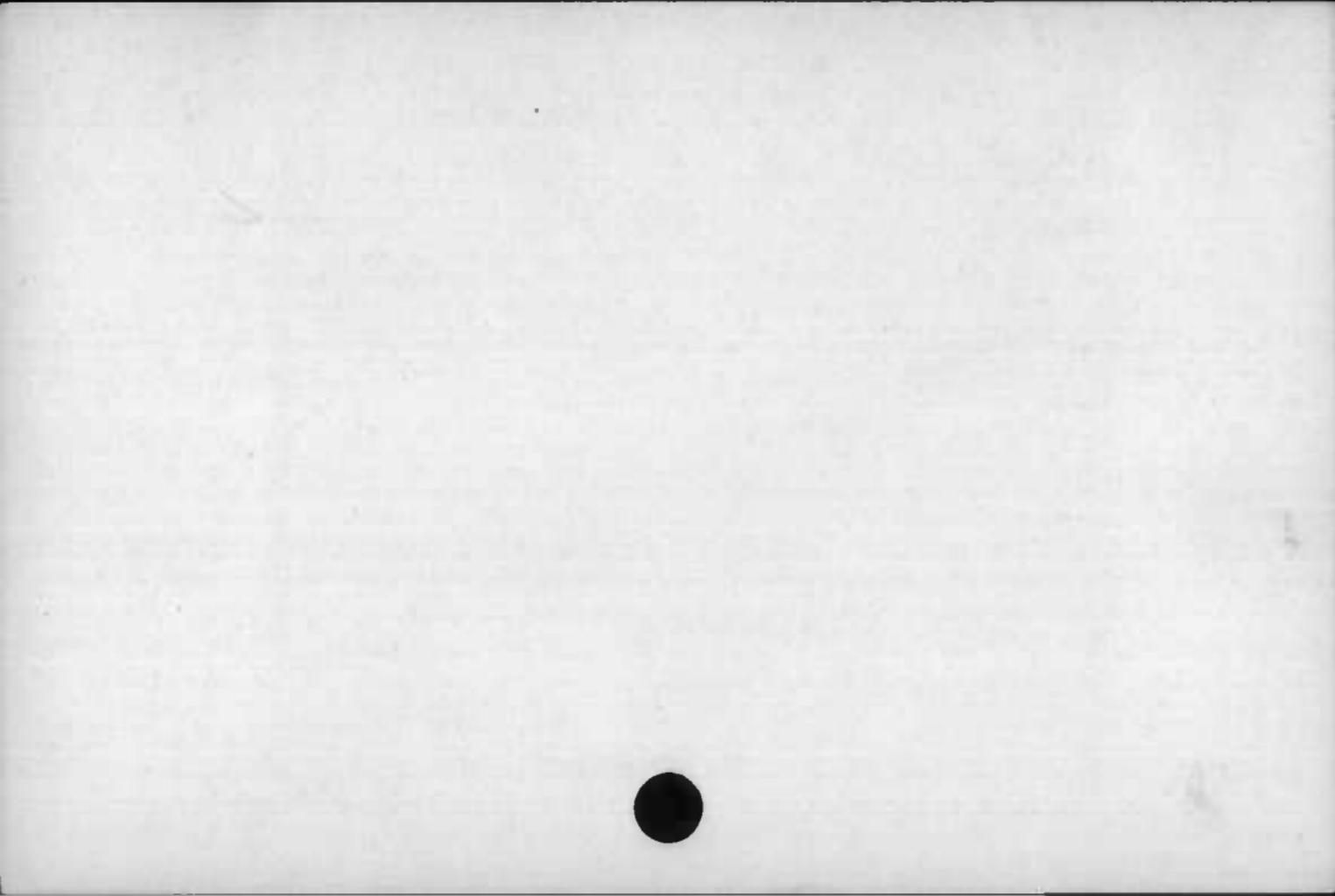
Signature of Physician

Address

J. W. Mitchell M.D.  
Pawmunkie Twp.

Accident or Suicide?

No



Name  
in  
Full

Winfred Mason Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	male	Color or Race	Age	Birth-place
Occupation	none	Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband		
Father's Name	D. M. Brown		Father's Birthplace	West Virginia
Mother's Maiden Name	Ida Brown		Mother's Birthplace	West Virginia
Name of person giving Information	D. M. Brown		How related to deceased	Father

CAUSES OF DEATH

92

Primary	Acute Broncho-Pneumonia	How long	36 hours
Immediate	Cardiac Failure	How long	hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

J

yes

Signature of Physician

Address

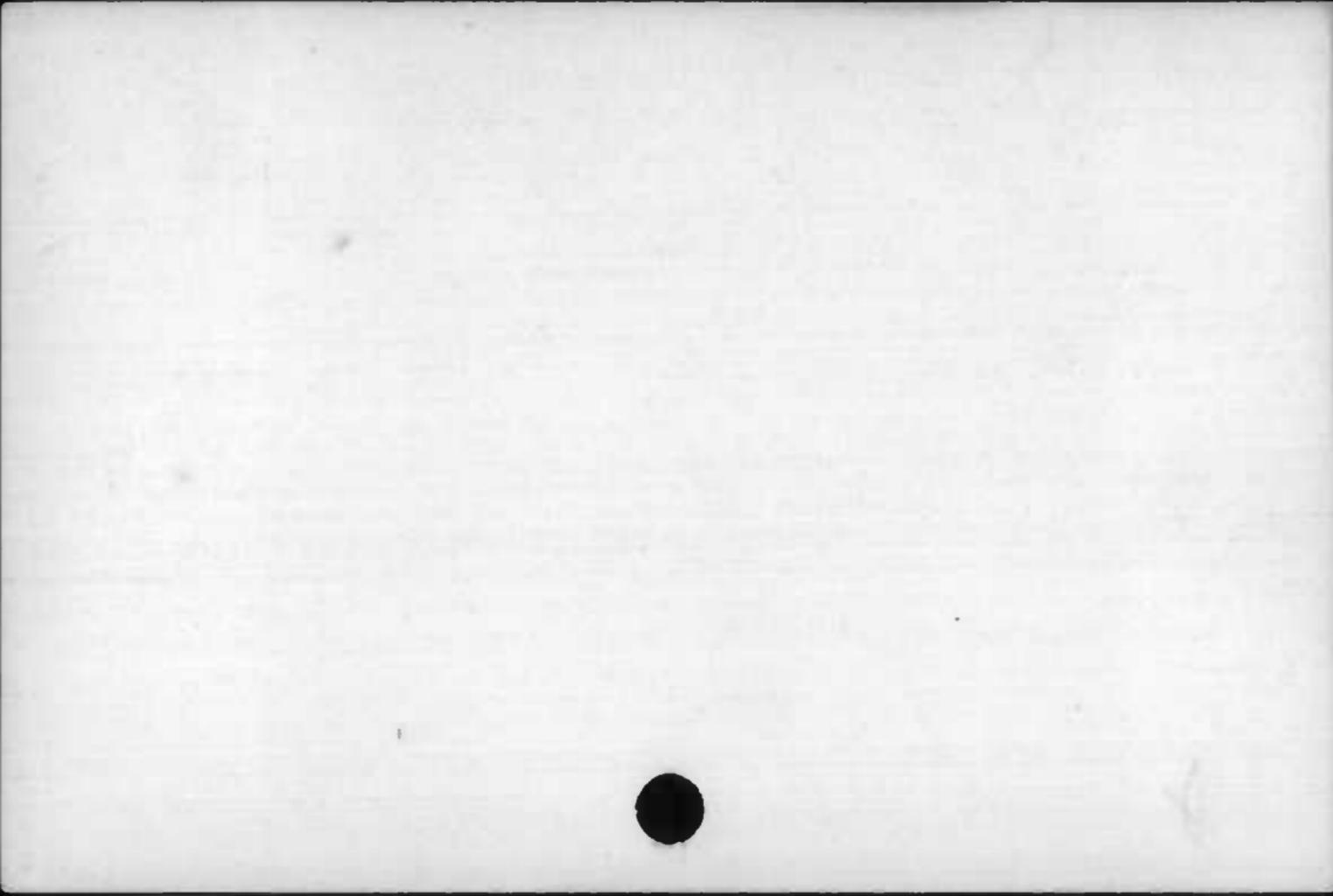
Two S. Caven, M.D.

La Plata

Ind

Accident or Suicide?

No



Name  
in  
Full

Alonzo Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Pisgah Town		Charles County		MARYLAND	
Date of death 1909	Month Feb.	7 Day	Years 12	Months —	Days —
Sex Male	Color or Race collard	Birth-place char co Md.			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband none				
Father's Name Zebbie Butler	Father's Birthplace char. co. Md.				
Mother's Maiden Name Laura Brisco	Mother's Birthplace char. co. Md.				
Name of person giving information Samuel Brisco	How related to deceased uncle				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

How long

6 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

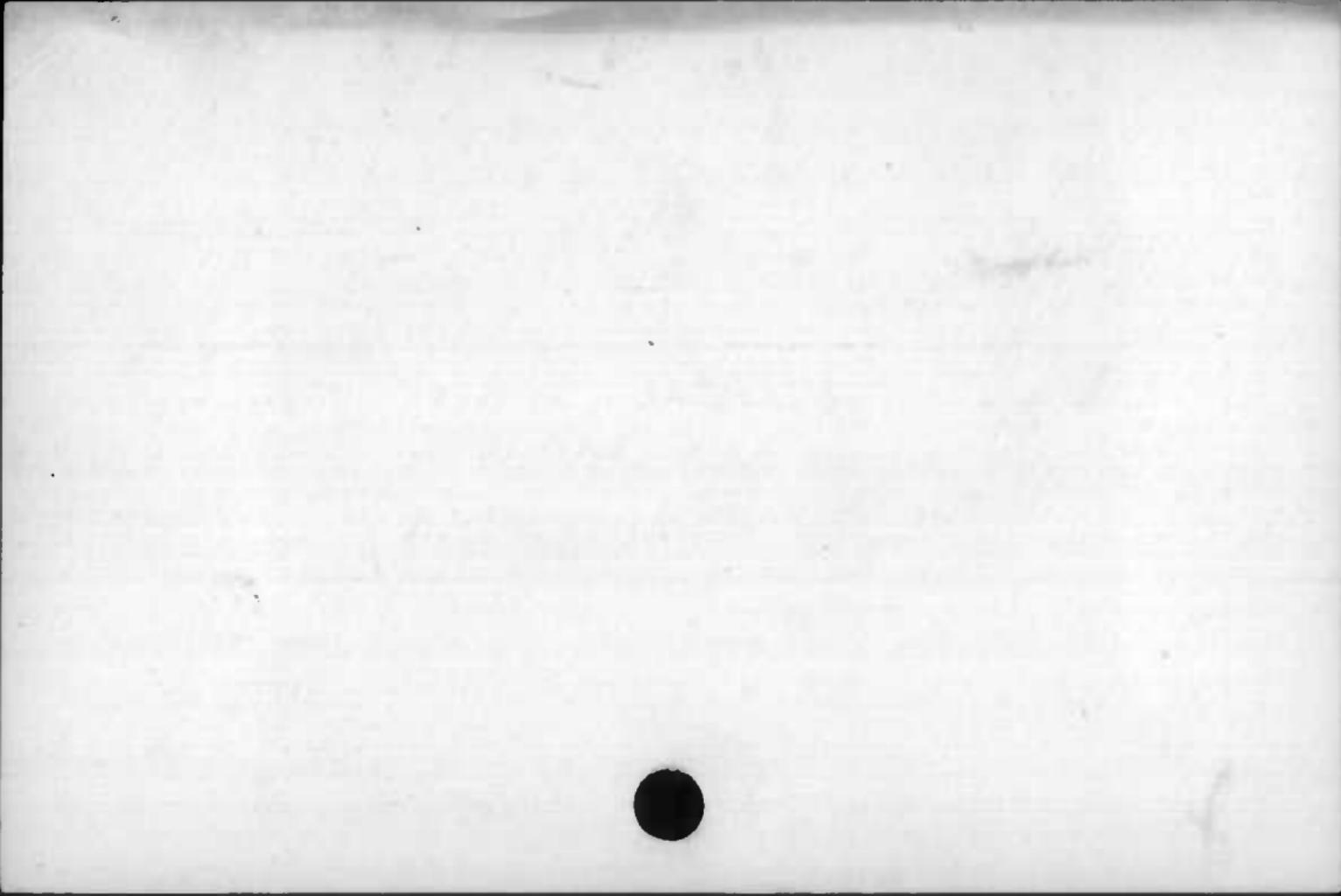
Yes

Signature of Physician

Address

G. G. Bicknell, M.D.  
Pisgah  
Md

Accident or Suicide?



Name  
in  
Full

Stephen Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Hughesville

County

Charles

MARYLAND

Date  
of death

1909

Month

2

Day

3

Age

Years

82

Months

-

Days

-

Sex

Male

Color or  
Race

Black

Birth-  
place

Md

Occupation

unoccupied

Where Residing if not  
at place of death

Hughesville Md

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Cornelius Butler

Father's  
Name

Mark Butler.

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown To from information

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Geo. W. Johnson

How related  
to deceased

Brother in Law

CAUSES OF DEATH

79

Primary

Valvular Disease

How long

5 years

Immediate

Heart failure

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

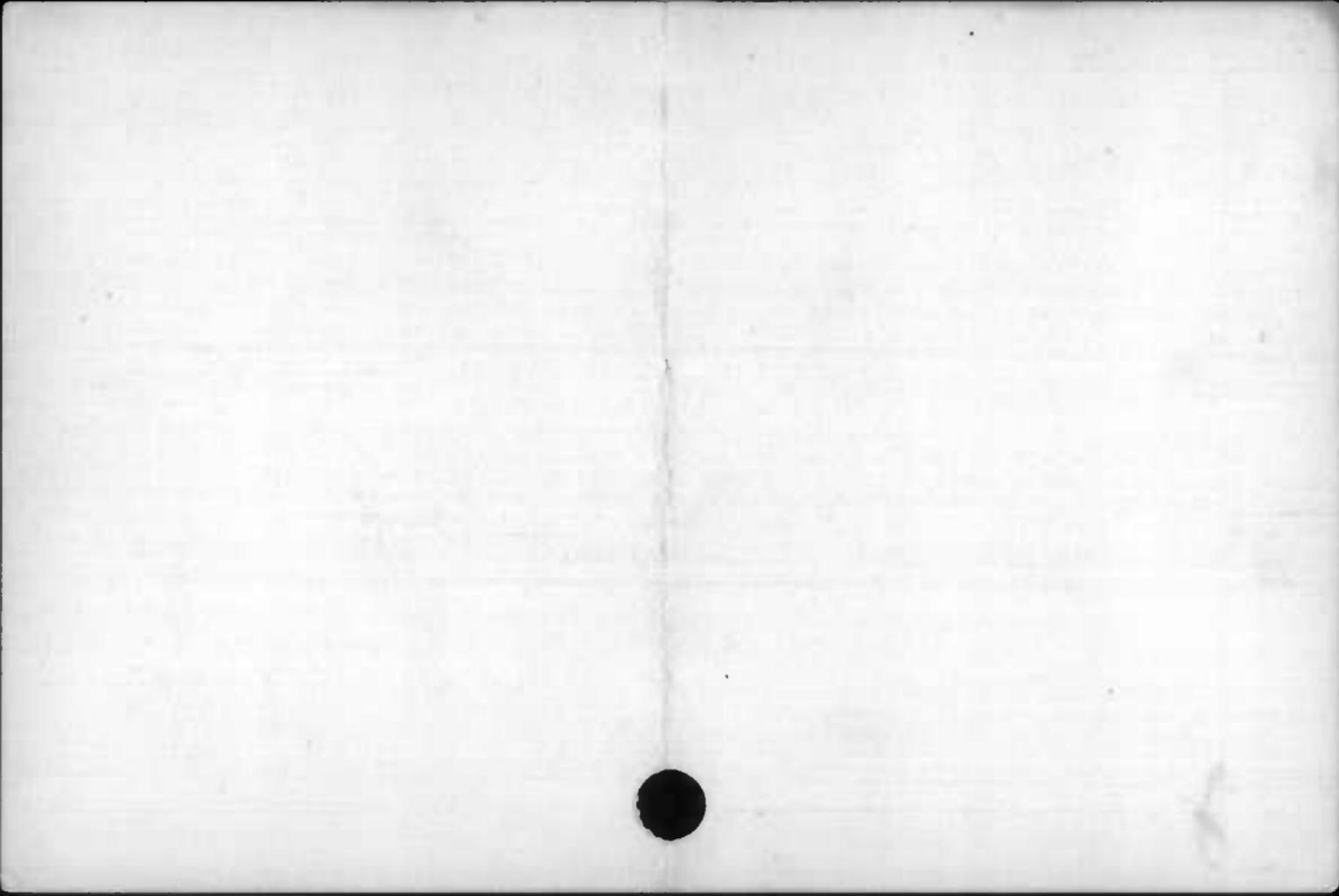
Signature of  
Physician

H. C. Chapman M.D.

Address

Hughesville Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jno. S Greer, Jr

Town

County

MARYLAND

Died at WellesleyCharlesDate  
of death

1909

Month

Feb

Day

12

Years

63

Months

—

Days

—

Sex

male

Color or  
Race

White

Birth-  
place

Charles Co

Occupation

farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

widower

Name of Wife or  
HusbandFather's  
Name

John Greer

Father's  
Birthplace

Charles Co

Mother's  
Maiden Name

Jane Taylor

Mother's  
Birthplace

Charles Co

Name of person giving  
Information

J.S Greer Jr

How related  
to deceased

son

## CAUSES OF DEATH

79

How long

about 3 years

Primary

Crown Valvular Disease of Heart

Immediate

Cardiac Failure

How long

suddenly

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Jno S Greer M.D.

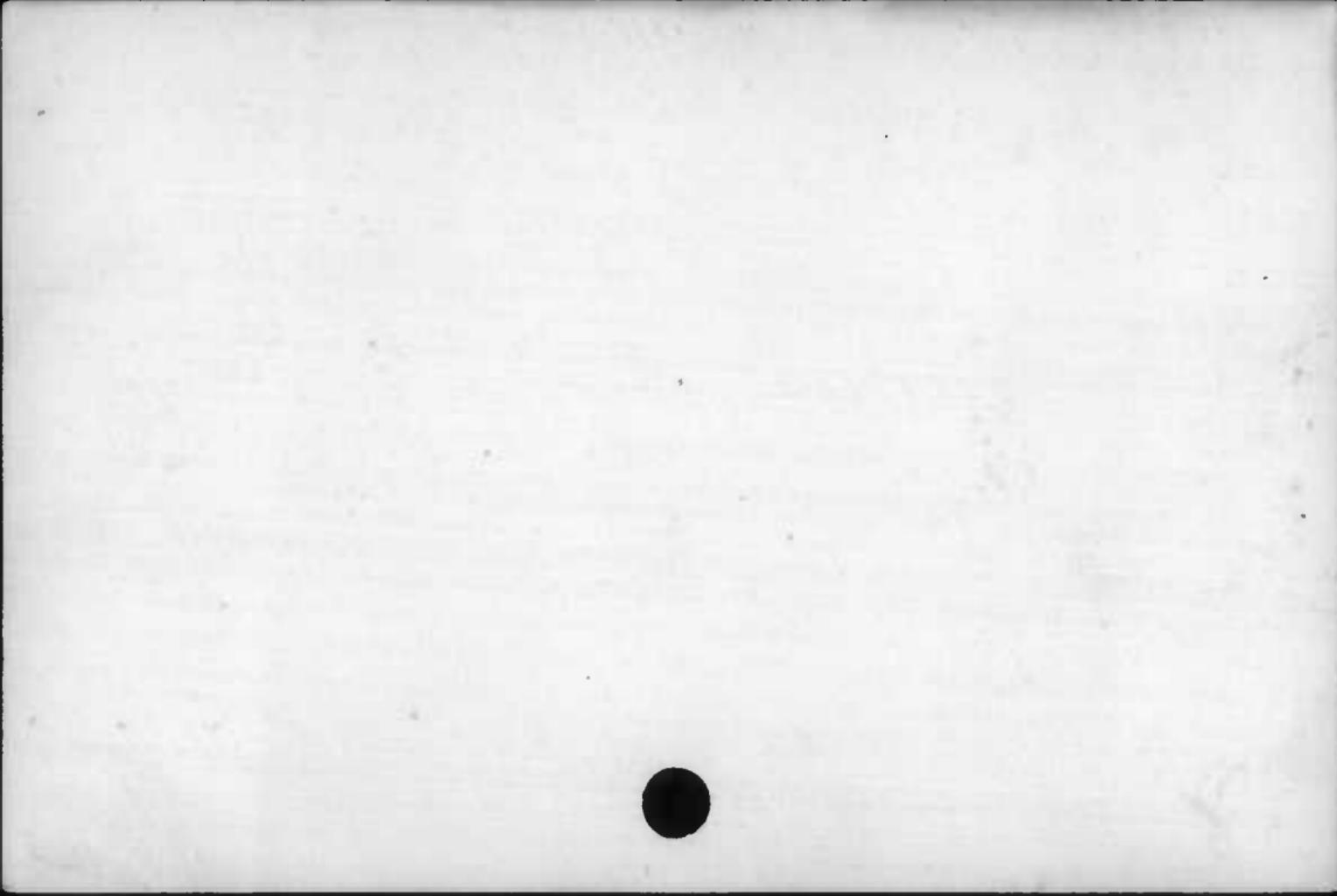
Address

La Plata Md

J

Accident or Suicide?

no



Name  
in  
Full

Groves, Infant

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

J

PHYSICIAN  
OR CORONER

J

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1909	Feb	1	Age
Sex	Color or Race	Birth-place	Days
Semale	White	Ind	4 Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Thomas Groves	Father's Birthplace	Ind
Mother's Maiden Name	Kathy Murphy	Mother's Birthplace	Ind
Name of person giving information	Thomas Groves	How related to deceased	Father
CAUSES OF DEATH			
Primary	Prematurity	How long	15'
Immediate	months	How long	

Are the name, age, sex, color, date and place correctly given above?

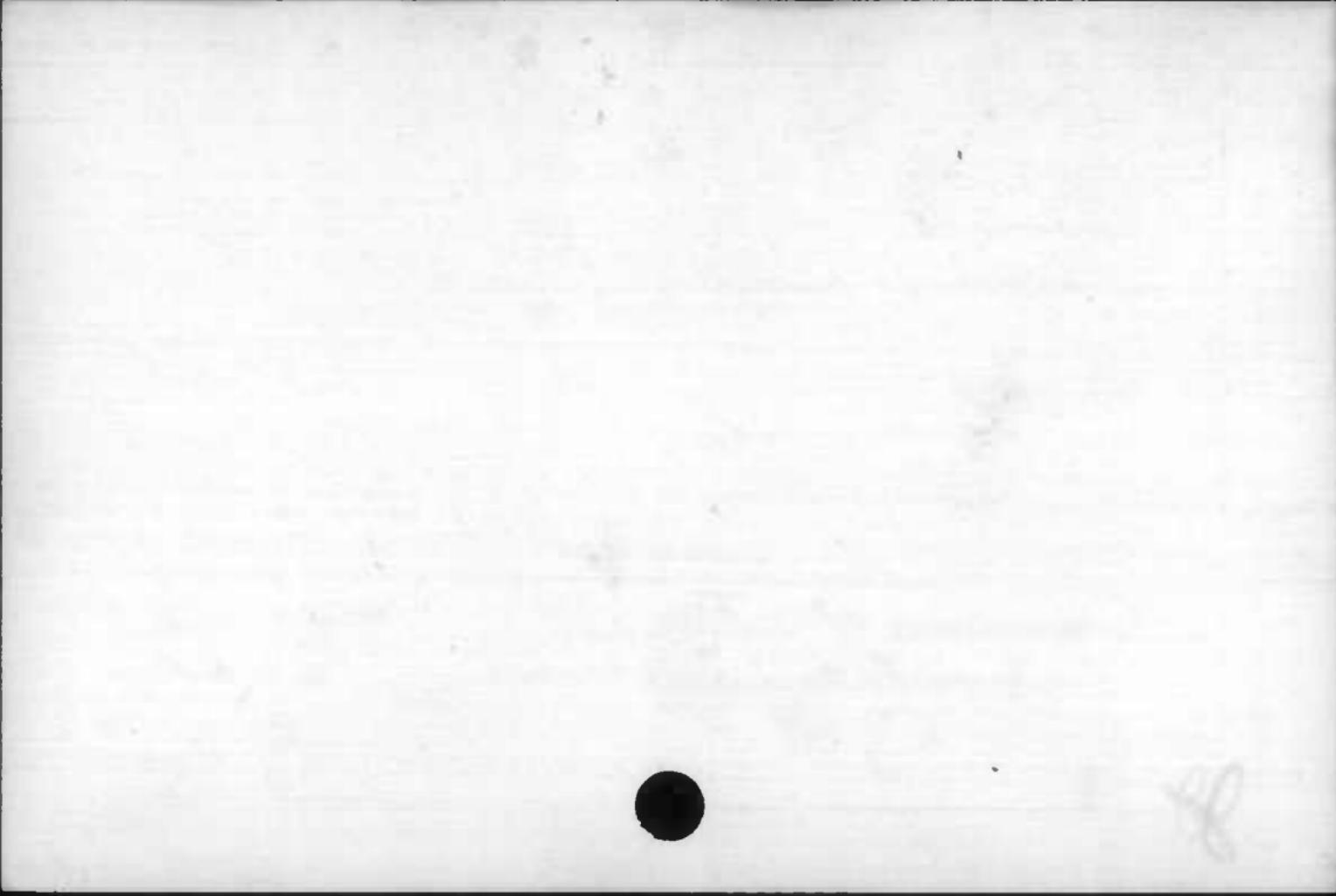
Yes

Signature of Physician

Address

X Jacques Jy. Steele  
Sub-Registrar

Accident or Suicide?



Name  
in  
Full

Kate R Hancock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John H. Hancock			
Father's Name			Father's Birthplace	Charles Co	
Mother's Maiden Name			Mother's Birthplace	Charles Co	
Name of person giving Information	Milford Hancock		How related to deceased	Son	

CAUSES OF DEATH

42

How long

about 10 mos.

How long

7 or 8 days

PHYSICIAN  
OR CORONER

Primary

Carcinoma of Uterus

Immediate

Acute General Peritonitis - Collopos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. S. Goss M.D.

Address

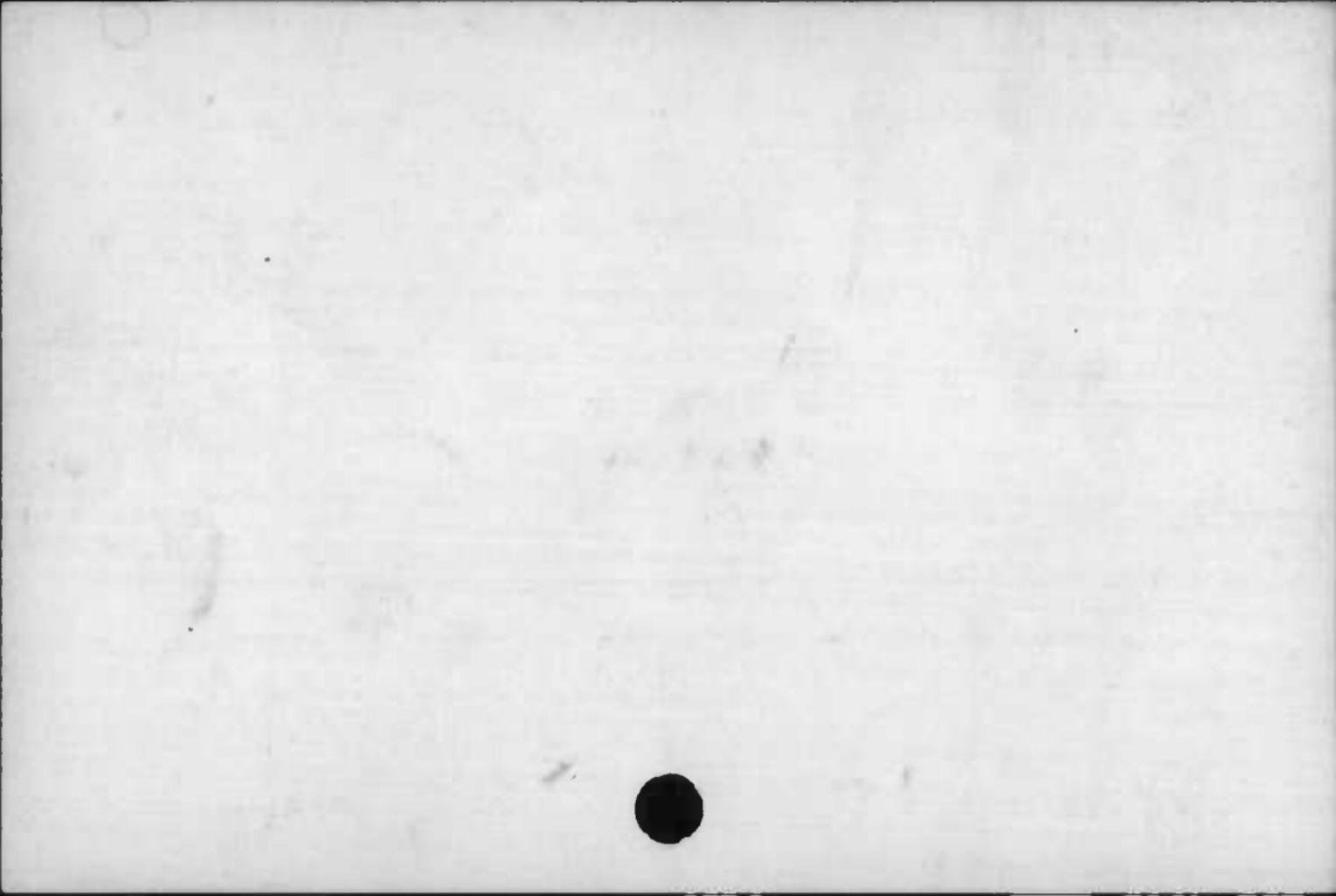
La Plata

J

no

dead

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Hart.

Town

Chicamayen

County

Charles

CERTIFICATE OF DEATH

MARYLAND

Died at

Date  
of death

1909

Month

Feb

Day

10

Years

78

Months

Days

Age

Sex  
Color or  
Race

male

Colored

Birth-  
place

Chas. Co. Md.

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Lizzie Hart

Father's  
Name

Nace Ward

Father's  
Birthplace

Chas. Co. Md.

Mother's  
Maiden Name

Henzie Hart

Mother's  
Birthplace

Chas. Co. Md.

Name of person giving  
Information

John H Turner

How related  
to deceased

None

CAUSES OF DEATH

154

How long

Primary

Senility

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

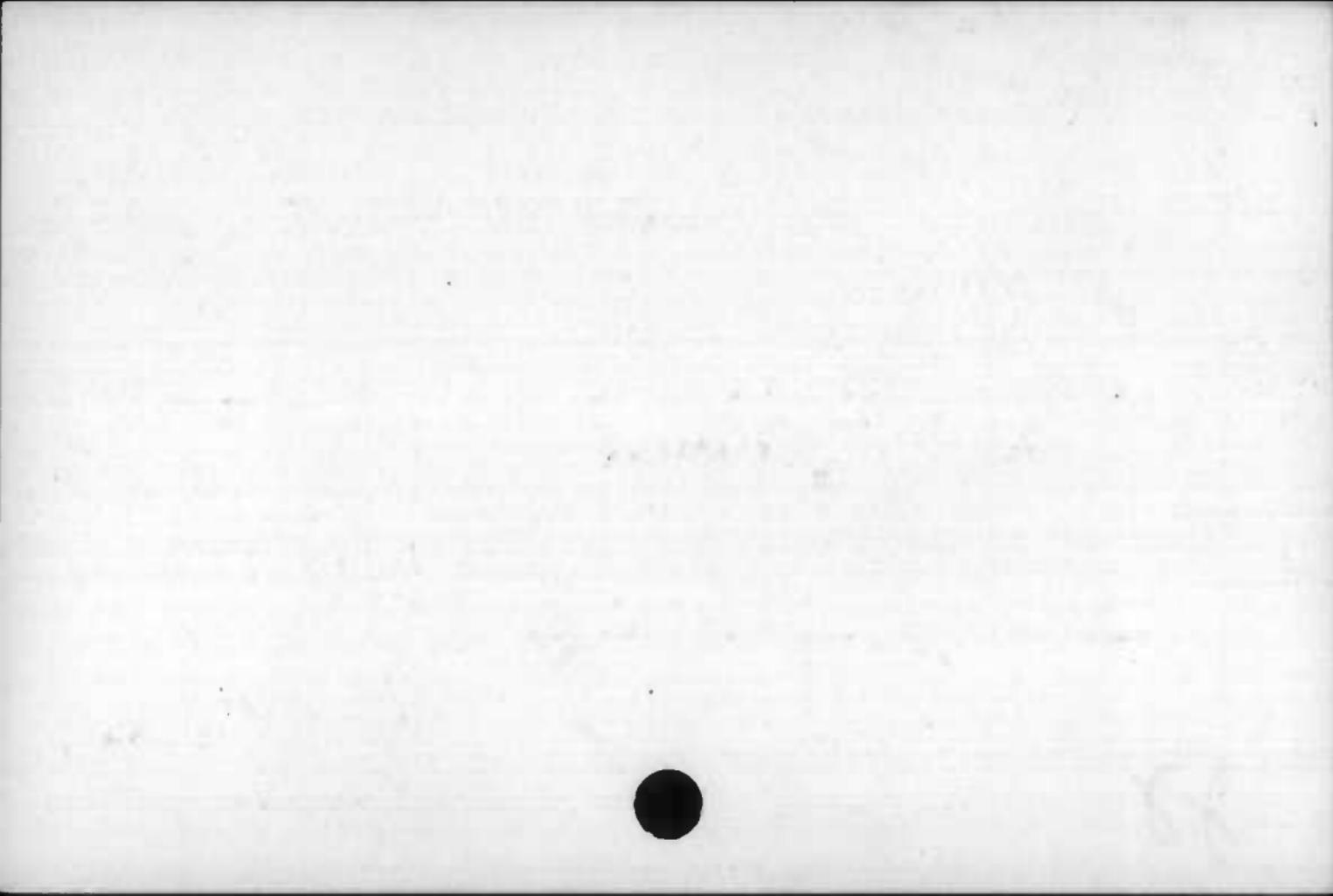
Address

Geo. C. Bicknell

Priyah.  
Md.

J

Accident or Suicide?

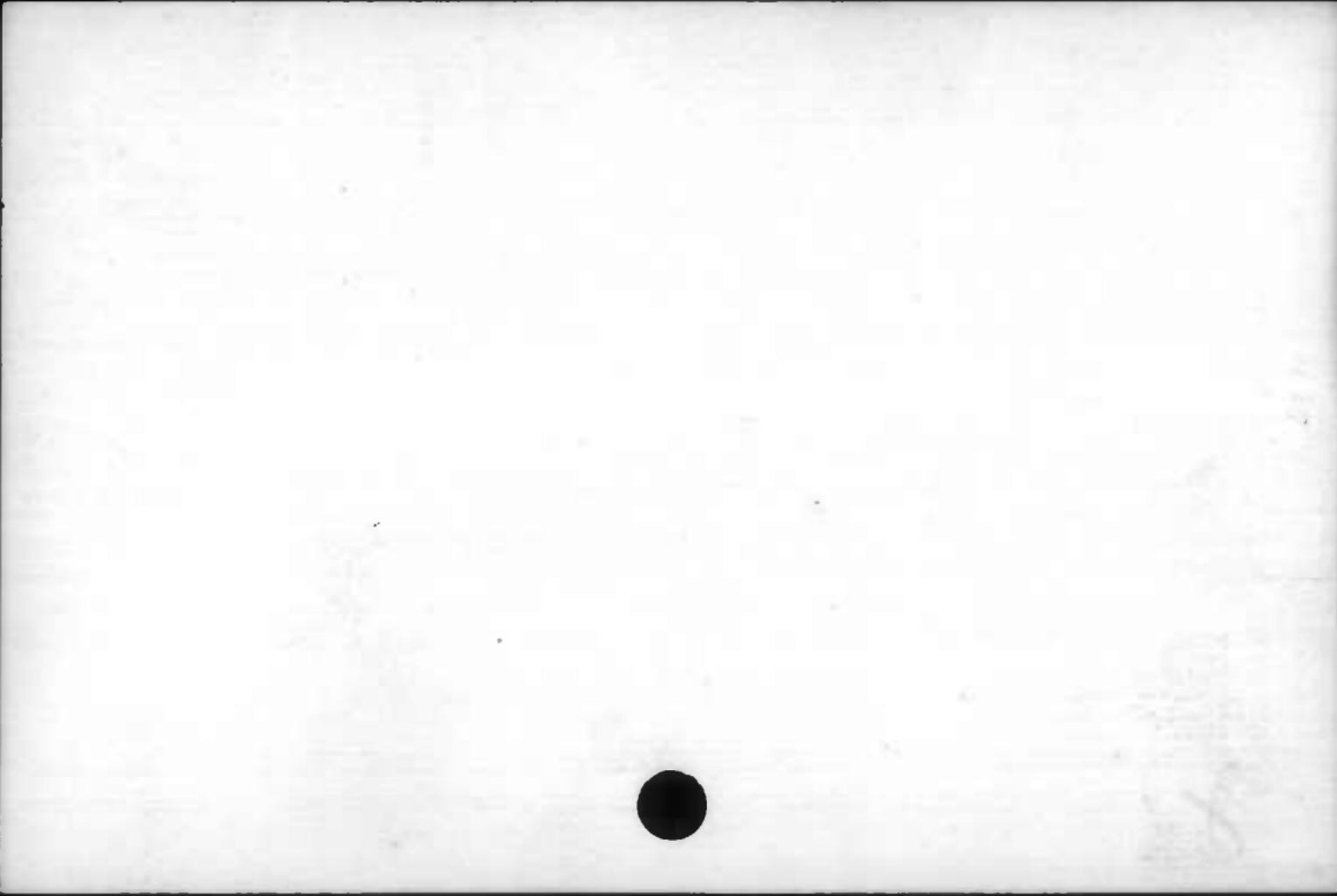


Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH				
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Pennsylvania			12	11 -
1909	Feb	18		
Sex	Color or Race	Where Residing If not at place of death		
Male	Colored	Pennsylvania		
Occupation				
Married, Single or Widowed	Name of Wife or Husband			
✓	✓			
Father's Name	Josias Worricker	Father's Birthplace	61st Co. Pa.	
Mother's Maiden Name	Hattie L. Thompson	Mother's Birthplace	" "	
Name of person giving information	Josias Flawbercier	How related to deceased	Follies	
CAUSES OF DEATH				
Primary	Cerebrospinal meningitis	How long	61	
Immediate		How long	Two weeks -	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. W. Mitchell M.D.	
		Address	Pennsylvania Md.	
Accident or Suicide?	No.			



Name  
in  
Full

Elizabeth Hemmersley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Pomonkey	Charles			
Date of death	Month	Day	Years	Months	Days
1909	Feb.	5			9
Sex	Female	Color or Race	Age	Birth-place	
Occupation	none	Where Residing if not at place of death		Pomonkey.	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Simon Hemmersley.		Father's Birthplace	Chas. 60.	
Mother's Maiden Name	Elizabeth Key.		Mother's Birthplace	Chas. 60.	
Name of person giving Information	Simon Hemmersley		How related to deceased	father.	

## CAUSES OF DEATH

90

How long

4 or 5 days

How long

Primary Capillary bronchitis

Immediate

Are the name, age, sex, color, date and place correctly given above?

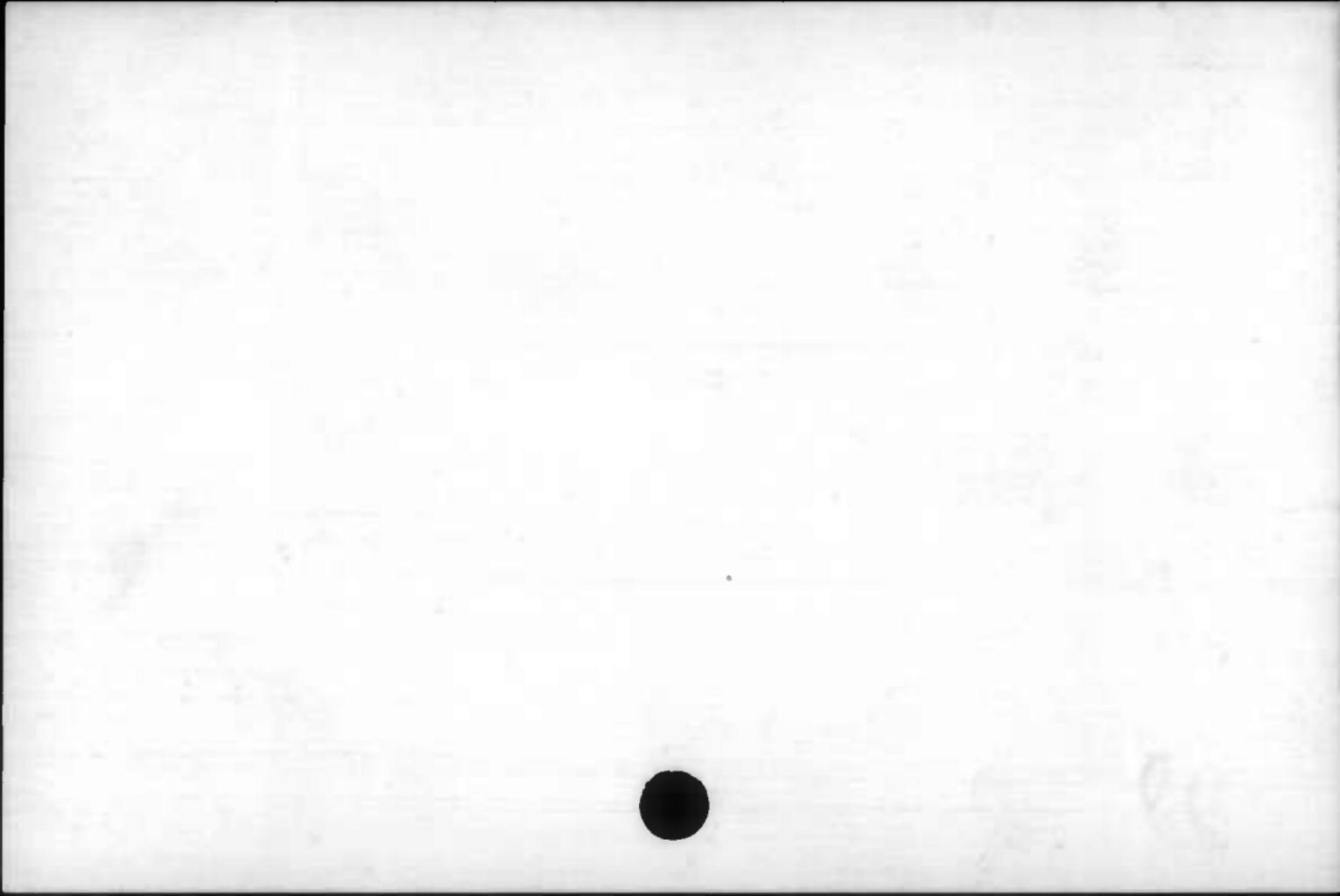
Signature of Physician

J Yes

Address

B.W.Downs, Jr.  
Actg. coroner  
J.W. Hutchings M.D.  
Pomonkey, Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Jordan

Town

Died at Maryland

County

Baltimore

MARYLAND

Date

of death

1909

Month

Febr

Day

27

Years

45

Months

—

Days

—

Sex

Male

Color or  
Race

Colored

Birth-  
place

Baltimore Co. Md

Occupation

Labourer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Dulce Jordan

Father's  
Name

William Jordan

Father's  
Birthplace

St. Marys Co. Md

Mother's  
Maiden Name

Elizabeth Perry

Mother's  
Birthplace

Baltimore Co. Md

Name of person giving  
Information

John Turner

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Chronic Myocarditis

79

How long

5 years.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

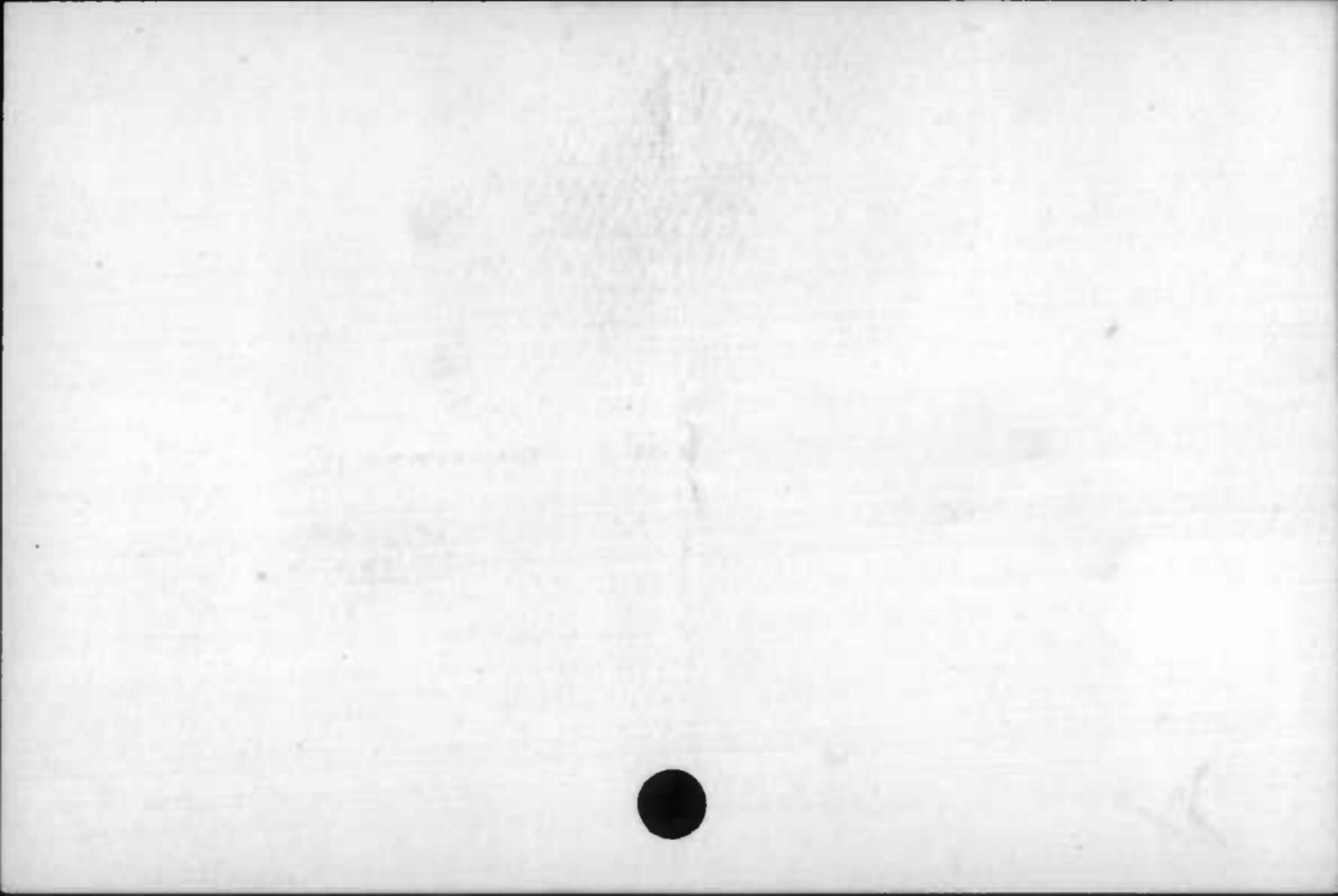
Yes.

Signature of  
Physician

Address

Dr. L. Becknell  
Kingah,  
Md.

Accident or Suicide?



Name  
in  
Full

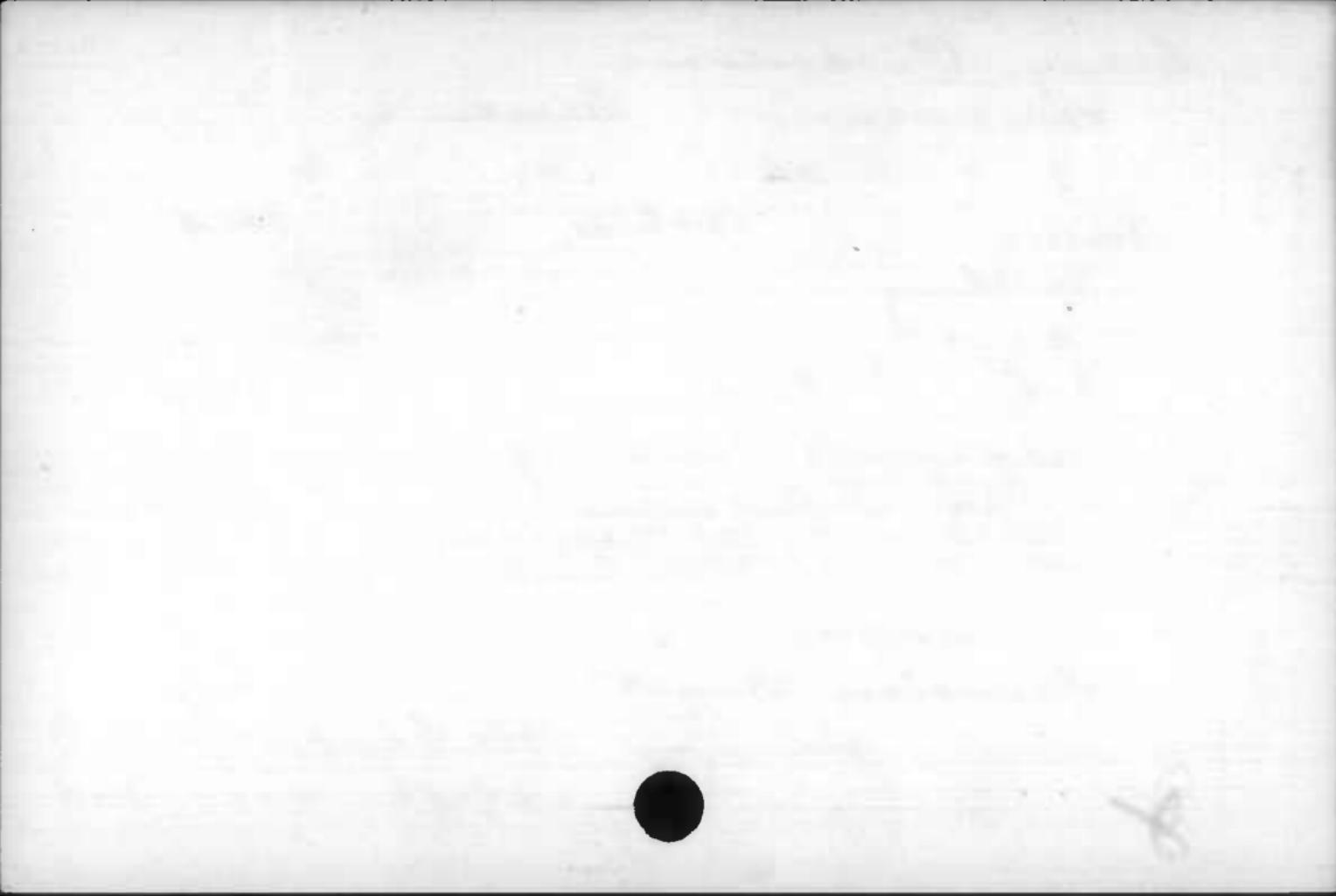
Paul Maurice

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Domarster</u>		Town <u>Charles</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Feb.</u>	Day <u>22</u>	Age	Years	Months <u>8</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>			Days
Occupation <u>C</u>	Where Residing if not at place of death <u>C</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Jamie Maurice</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving Information <u>Robert Berry</u>	How related to deceased <u>Son</u>				
CAUSES OF DEATH					
Primary	<u>Pneumonia</u>				
Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long <u>93</u>	
<u>Yes</u>		<u>James M. Wheeler</u>		How long <u>1 week</u>	
				Address <u>Grayton, Md.</u>	
				Sub-Registrar <u>Sub-Registrar</u>	
Accident or Suicide? <u>C</u>					

PHYSICIAN  
OR CORONER



Name  
in  
Full

Peter Pickeral

CERTIFICATE OF DEATH

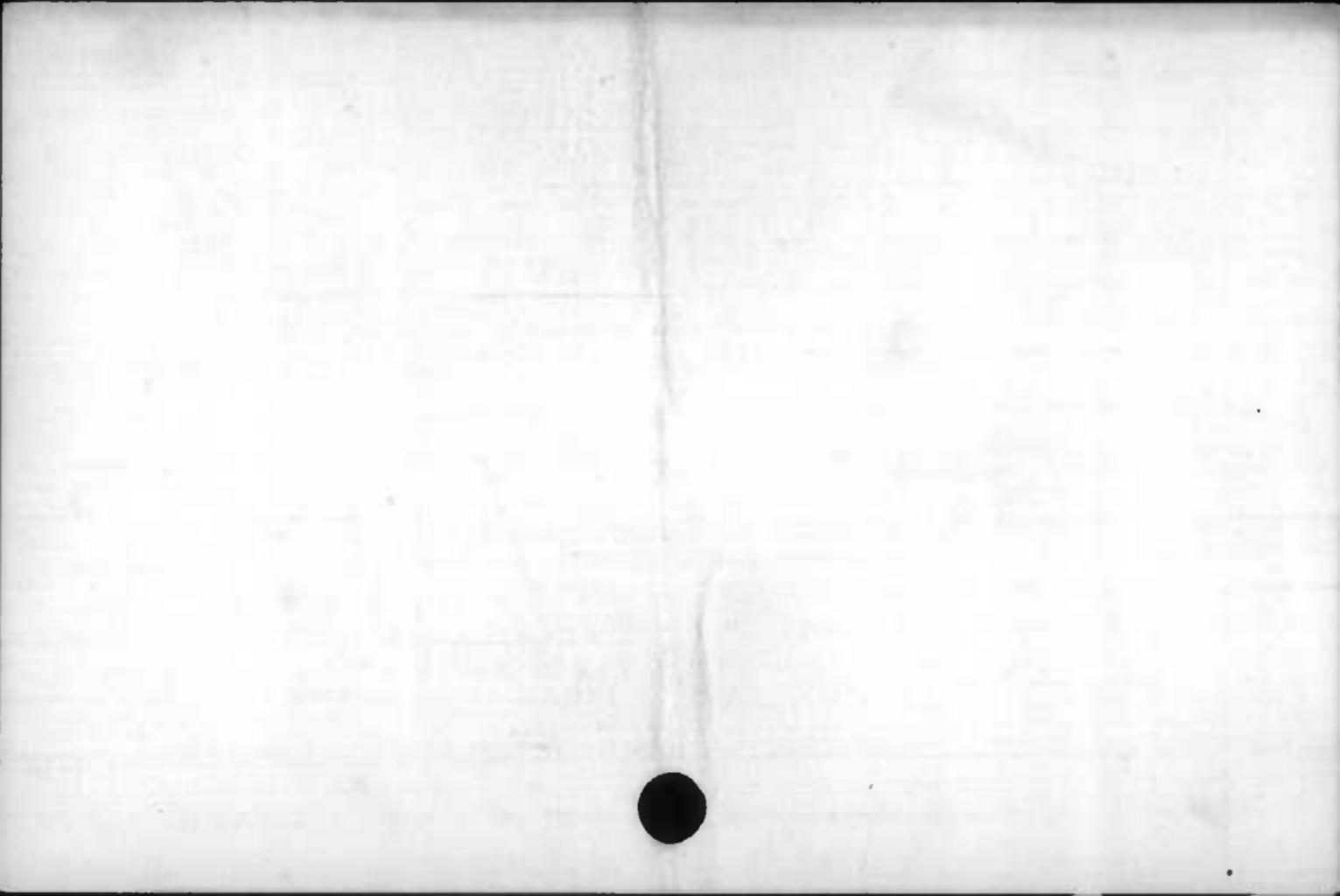
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rebecca King			
Father's Name	John Pickeral	Father's Birthplace	Dug		
Mother's Maiden Name	B. Pickeral	Mother's Birthplace	McK.		
Name of person giving information	B. F. King	How related to deceased	Brother-in-Law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	La Grippe	10	How long
Immediate	Pneumonia	Two days	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	G. O. Munger	Address
Accident or Suicide?		Wacovia	



Name  
in  
Full

Leroy Pickelton

CERTIFICATE OF DEATH

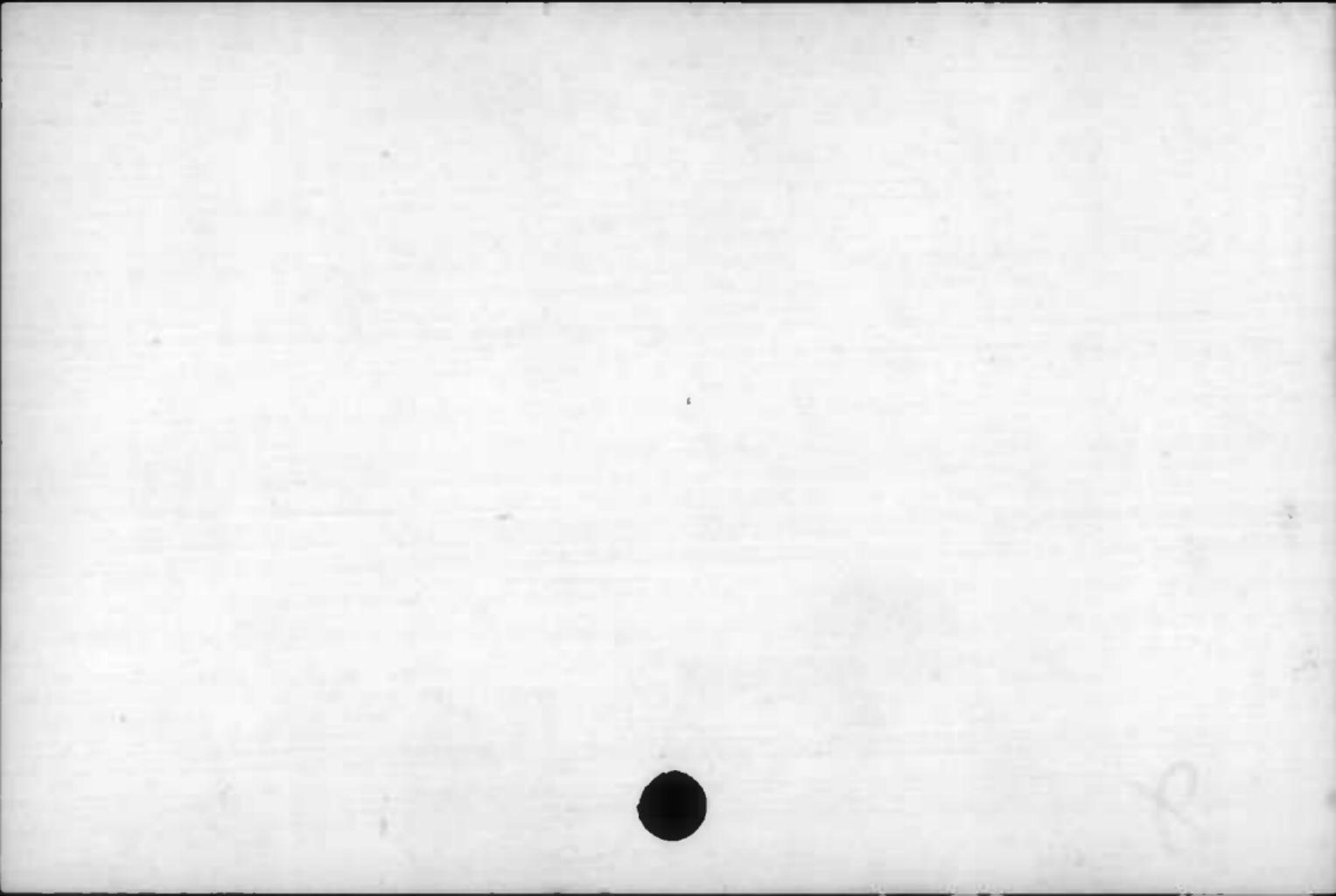
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bryantown		Charles			
Date of death	Month	Day	Years	Months	Days
1909	2	26	2	6	
Sex	Color or Race	Age	Birth-place		
Male	White	2	Md		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	—			
Single	—	—			
Father's Name	John T. Pickelton				
Mother's Maiden Name	Agnes R Gladung				
Name of person giving information	John T. Pickelton				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	
Immediate	Sarcoid Heart	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
J	yes	OKO-Chappell Md Highland Md
Address		
Accident or Suicide?		



Name  
in  
Full

Mary R Rowles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Rock Point	Lewis				
Date of death 1909	Month Feb	Day 10	Years Age 68	Montha	Days
Sex Female	Color or Race white	Birth-place Lewis Co			
Occupation Sonewife	Where Residing if not at place of death Grafton Rowles				
Married, Single or Widowed married	Name of Wife or Husband Grafton Rowles				
Father's Name William Simms	Father's Birthplace Chas Co				
Mother's Maiden Name Priscilla Hedges	Mother's Birthplace Chas Co				
Name of person giving Information Grafton Rowles	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Abdominal Apsar

Immediate

Rupture of apssar

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

144

How long

3 mos.

How long

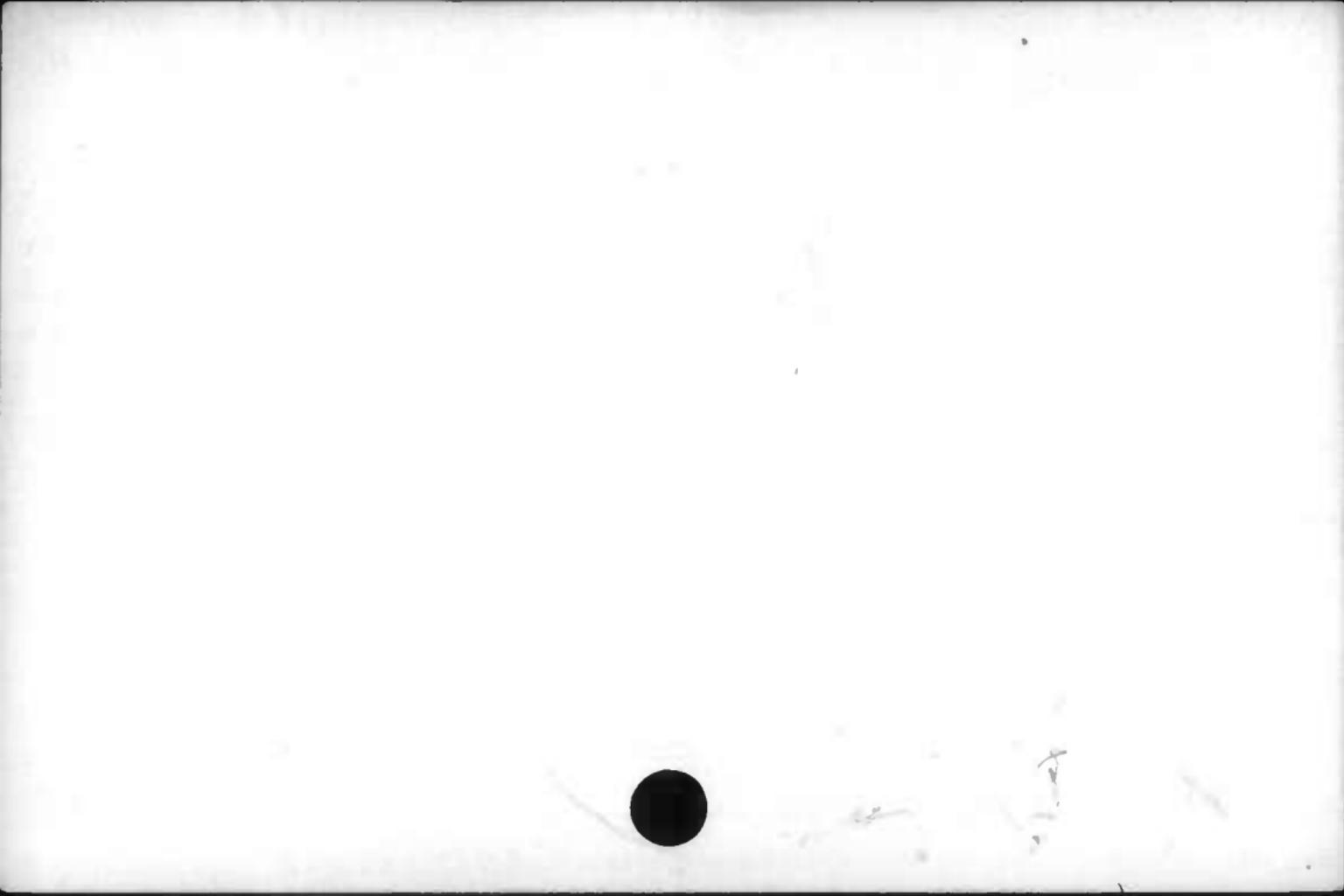
after birth

J. L. Higdon

Hospital Inst.



Accident or Suicide



Name  
in  
Full

Robert Short

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1909	Month Feb	Day 2	Years	Months	Days
Sex Male	Color or Race African	Age	Birth-place Charles Co		
Occupation Farmer	Where Residing if not at place of death —				
Married, Single or Widowed Married	Name of Wife or Husband Jane Short				
Father's Name Harry Short	Father's Birthplace Dorset Town				
Mother's Maiden Name Flint Town	Mother's Birthplace West Town				
Name of person giving information William S. Short	How related to deceased Son				

of

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cancer Stomach + Liver

40

18 months

Immediate Suffocation

4 months

Are the name, age, sex, color, date and place correctly given above?

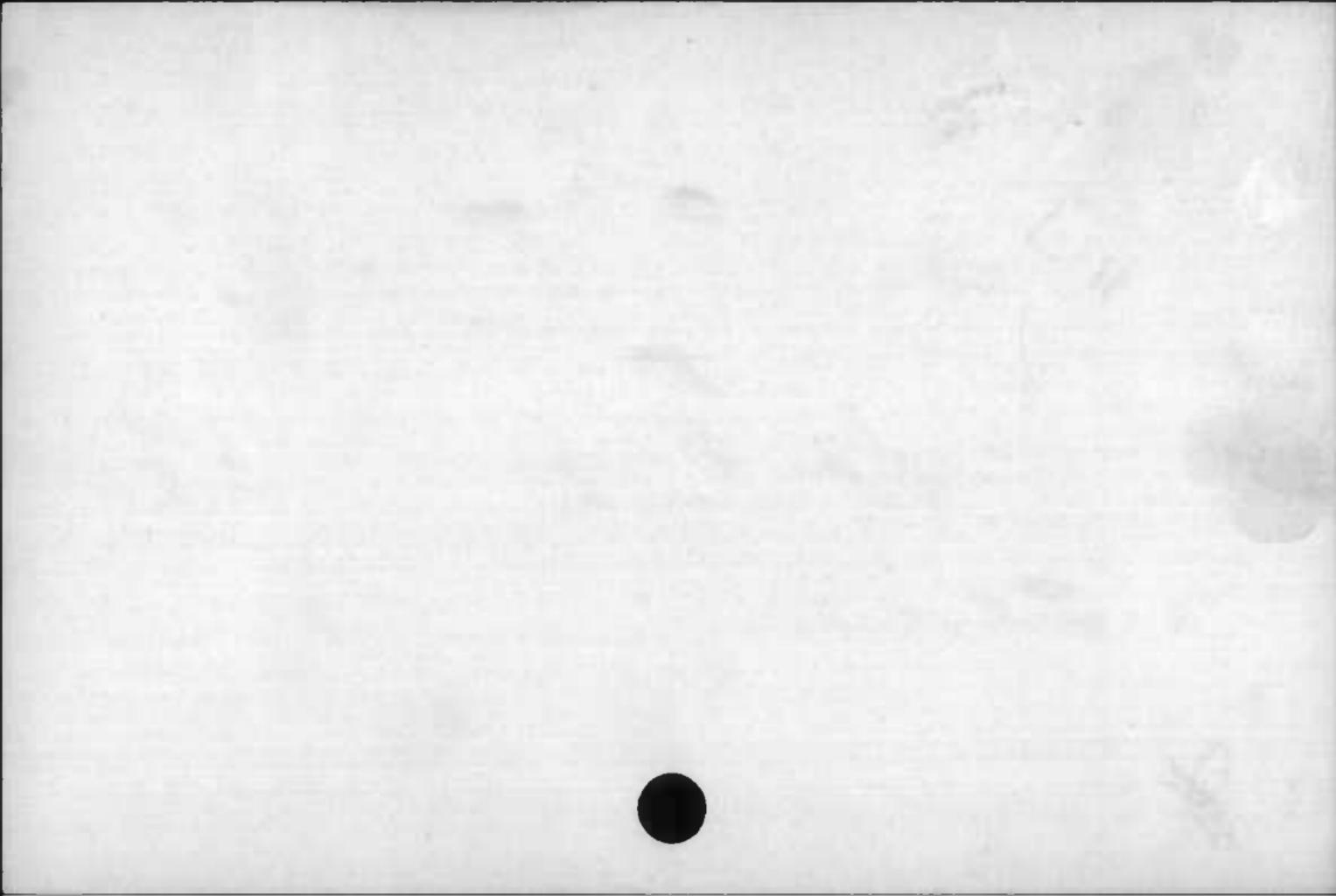
Yes

Signature of Physician

E. Sherman  
Baltimore  
Md.

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fredrick Smith

CERTIFICATE OF DEATH

Died at <u>Bost<del>St</del>tores</u>		Town	County <u>Charl<del>es</del></u>	MARYLAND		
Date of death <u>1909</u>	Month <u>2</u>	Day <u>25</u>	Years <u>12</u>	Age <u>12</u>	Months	Days
Sex <u>m.</u>	Color or Race <u>C negr</u>				Birth-place <u>Ind</u>	
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>Petri Smith</u>				Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Smith</u>				Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Petri Smith</u>				How related to deceased	<u>Father</u>	

CAUSES OF DEATH

27

How long

17 months

How long

process

Primary

Tuberculosis

Immediate

Asithm~~i~~. Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. L. Hamon

Address

Laplata

Ind

Y

Yes

Accident or Suicide?



Name  
in  
Full

Marcell. Bernard. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Doncaster	Charles			
Date of death	Month	Day	Years	Months	Days
1909	Feb	27	1	3	
Sex	Male	Color or Race	Black	Birth-place	Ind
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Obadiah Taylor			Father's Birthplace	Ind
Mother's Maiden Name	Daisy Thomas			Mother's Birthplace	Ind
Name of person giving information	Carlton Thomas			How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sepsis

71

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James E. Wheeler,  
Grayton Ind.  
Sub-Registrar

Accident or Suicide?

J



Name  
in  
Full

Frances Thomas

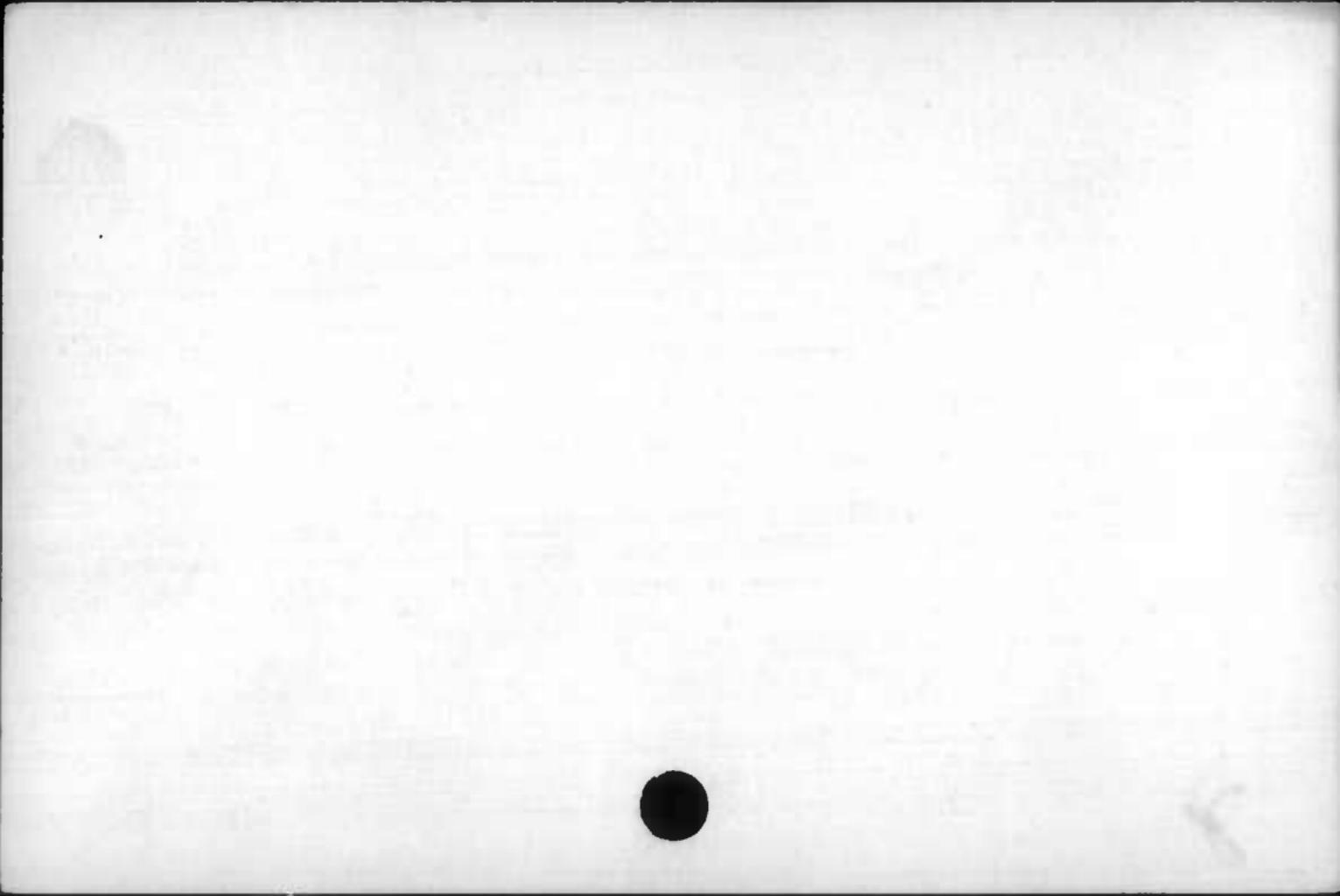
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	39	8	21
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Wicomico Md.			
Father's Name	John Thomas				
Mother's Maiden Name	Lucinda Ford				
Name of person giving Information	None				
CAUSES OF DEATH					
Primary	120				
immediate	6 months				
How long					
How long					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J.E. Jameson M.D.
Yes	Address	Newport, Md.
8		
Accident or Suicide?	—	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Newport			
Father's Name	Thomas Ward			Father's Birthplace	P. Geo. Co.
Mother's Maiden Name	Celestial Mattingly			Mother's Birthplace	Charles Co.
Name of person giving Information	Henry M. Ward			How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	
Immediate	Cardiac Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Newport Chas. Co. Md.	

93

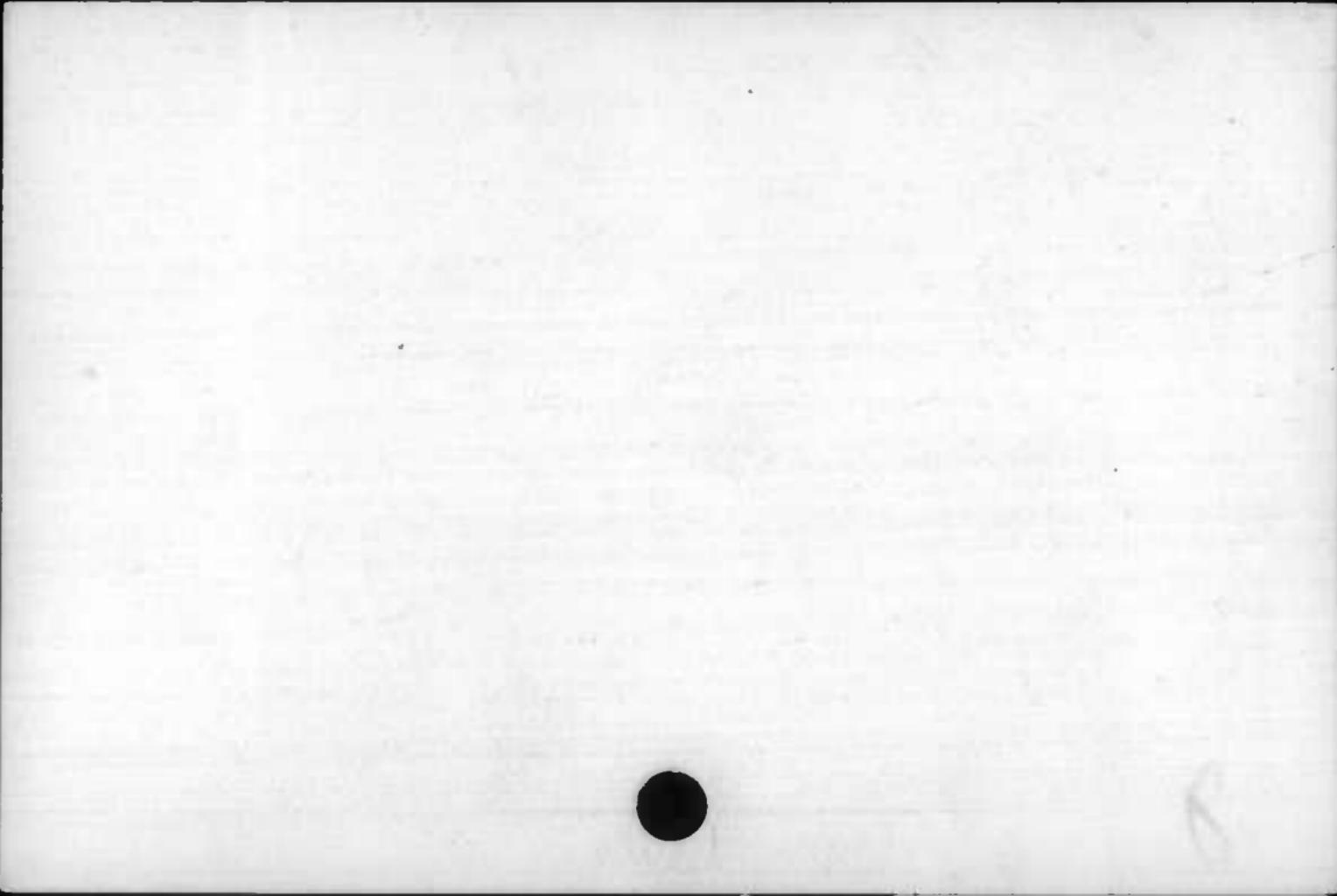
How long

3 days

How long

8 hours

LIBRARY BUREAU ASSOC.



Name  
in  
Full

Dave. Watson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	choles	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	white, Italian	Birth-place	Italy
Occupation	musician			Where Residing if not at place of death 26 rock. ave.	
Married, Single or Widowed	Rat Brown	Name of Wife or Husband	+		
Father's Name	Rat Brown			Father's Birthplace	
Mother's Maiden Name	"			Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Rat Brown

179

How long

Immediate

" "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Richard T. Knott  
Coroner

Accident or Suicide?

over

This man dropped dead while waiting  
for steamer, he was not a resident  
here and very little information can  
be given in regard to him.

R H Dement  
Prob. Registrar

Name  
in  
Full

Mary Ann White

CERTIFICATE OF DEATH

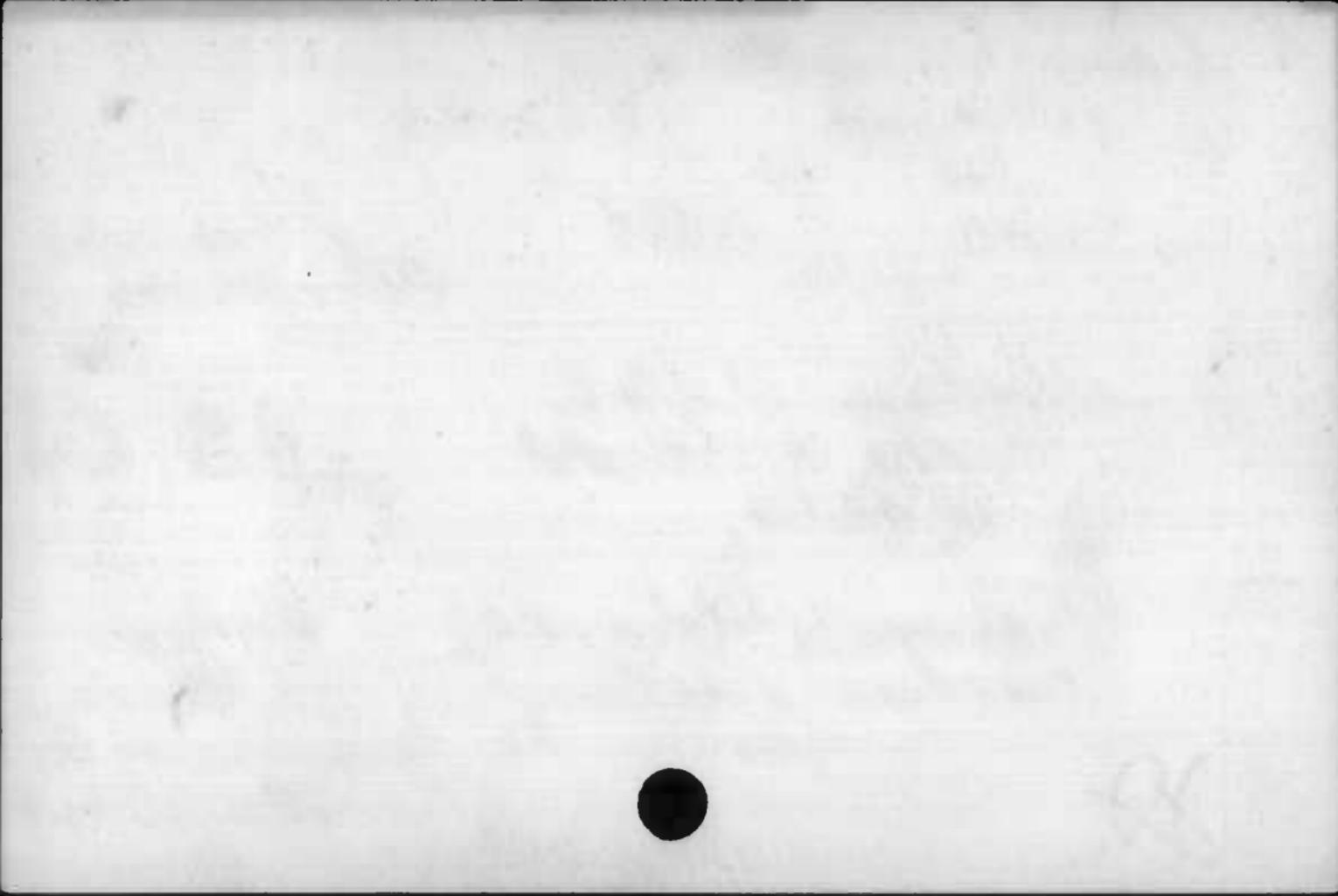
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newtown</u>		Town <u>Charles</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Feb</u>	Day <u>20</u>	Years <u>68</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female.</u>	Color or Race <u>white</u>	Birth-place <u>England</u>			
Occupation <u>housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James white</u>				
Father's Name <u>Thomas. Peneliss</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Sarah Brain</u>	Mother's Birthplace <u>England</u>				
Name of person giving Information <u>Thos H. White</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>64</u>	3 days
Immediate <u>Cardiac &amp; respiratory Paralysis</u>	How long <u>gradual but beginning</u>	<u>44 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	<u>Thos. J. Owen, M.D.</u>
<u>J</u>	Address	<u>La Plata</u>
Accident or Suicide? <u>No</u>		<u>Med</u>



Name  
in  
Full

Louis Gilchrist Gates

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Feb.	21	4	0	16
Sex	Color or Race	Where Residing if not at place of death			
Male	White	Wicomico			
Occupation	Wicomico				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William S. Gates				
Mother's Maiden Name	Mary S. Budd				
Name of person giving information	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia (with septicemia)

93

How long

8 days

Immediate

Cardiac failure

11 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. Johnson M.D.  
Newport, Md.

Accident or Suicide?

